## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09757011

(Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS					(Column 2)			TYPE		OR		
			33					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	353.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			33 minus 20=		13			X\$ 9=		OR	X\$18=	231
INDEPENDENT CLAIMS			2 minus 3 =		0			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	L	TOTAL		OR	TOTAL	944
CLAIMS AS AMENDED - PART II								1			OTHER	
		(Column 1)		(Colu	nn 2) (Column 3)			SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18=	
	Independent	*	Minus	***		]=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	्र संस्थान कृति ।	OR	+270=	1.00
							L	TOTAL		. I	TOTAL	**************************************
		(Caluman 4)		(Calu	O	(Calumn 0)	Αl	ODIT. FEE			ADDIT, FEE	
		(Column 1) CLAIMS		(Colu		(Column 3)		······································	ADDI-	1		ADOL
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40= '	7**.*	OR	X80=	Y)
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										070	
	٠				•		L	+135=		OR	+270=	
	signed to						ΑŪ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=	-1450KKK#995	OR	*X\$18=*	kan :
	Independent	Top 1999 (See See See See See See See See See Se		s <b>**</b> **		=		X40=	ाक्ष्या, ८० <del>३</del> क्ष्येक्	OR	X80= ;	्रेन <b>े</b> हरू (अत्
2.0	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							L	+135= TOTAL		OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er foun	d in the app	ropriate box	in co	lumn 1.	